

**NOTE: THIS CARD MUST BE COMPLETED AND RETURNED TO THE MICHIGAN
DEPT. OF AGRICULTURE OFFICE IN GRAND RAPIDS.**

Business Name and Address:

In accordance with Act 228,
Public Acts of 1959

☐ No rooms will be sealed this season.

☐ An application and fee has been submitted,
please process a refund.

☐ _____ were closed as of _____ and are now ready for inspection and licensing.
(No. of Rooms)

Signed: _____ Telephone Number: _____